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**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:34**

DOCUMENT # M90486

(5)

1. Corporation Name

TOWERMARC NORTHWEST, INC.

Principal Place of Business

Mailing Address

**1511 N. WEST SHORE BLVD.
TAMPA FL 33607**

**1511 N. WEST SHORE BLVD.
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1988

3a. Date of Last Report

03/22/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SECOND BENJAMIN, INC.
1511 N WESTSHORE BLVD.
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

V

NAME

PEEK, SCOTT I.

STREET ADDRESS

1511 WESTSHORE #150

CITY - ST - ZIP

TAMPA FL

TITLE

DVST

NAME

HARRIS, MICHAEL E.

STREET ADDRESS

6410 POPLAR AVENUE, #300

CITY - ST - ZIP

MEMPHIS TN

TITLE

CPD

NAME

VINTIADIS, POLYVIOS C.

STREET ADDRESS

2 PICKWICK PLAZA, 4TH FLOOR

CITY - ST - ZIP

GREENWICH CT

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Harris

1/30/95

901 683 2444